OMB Number: 4040-0004 Expiration Date: 12/31/2022

| Application for I  | Federal Assista  | nce SF           | -424                                      |      |   |   |  |  |
|--|--|------------------|---|------|---|---|--|--|
| * 1. Type of Submission:  Preapplication  Application  Changed/Corrected Application |  | ⊠ Ne             | ee of Application: ew ontinuation evision |      | Revision, select appropriate letter(s): ther (Specify): |   |  |  |
| * 3. Date Received: 06/24/2021   | 4. Appli   | cant Identifier: |   |      |   |   |  |  |
| 5a. Federal Entity Identifier:   |  |                  |   | 5    | 5b. Federal Award Identifier:                           |   |  |  |
| State Use Only:  |  |                  |   | 1    |   |   |  |  |
| 6. Date Received by  | State:   |                  | 7. State Application                      | Ider | ntifier:  |   |  |  |
| 8. APPLICANT INFO  | ORMATION:  |                  |   |      |   |   |  |  |
| * a. Legal Name: Sa  | acramento Metr   | opolit           | an Air Quality                            | Mar  | nagement District                                       | Ī |  |  |
| * b. Employer/Taxpay   | * b. Employer/Taxpayer Identification Number (EIN/TIN):  680382186  * c. Organizational DUNS:  0264538990000 |                  |   |      |   |   |  |  |
| d. Address:  |  |                  |   | -    |   | _ |  |  |
| * Street1:<br>Street2:   | 77. 1881 88388 814 1282  |                  |   |      |   |   |  |  |
| * City:  County/Parish:  | Sacramento   |                  |   |      |   |   |  |  |
| * State:   | * State: CA: California  |                  |   |      |   |   |  |  |
| * Country:   | USA: UNITED S  | TATES            |   |      |   |   |  |  |
| * Zip / Postal Code:   | 95814-1908   |                  |   |      |   |   |  |  |
| e. Organizational U  | Init:  |                  |   |      |   |   |  |  |
| Department Name:   |  |                  |   |      | Division Name:  |   |  |  |
| f. Name and contac   | et information of p  | erson to         | be contacted on m                         | atte | ers involving this application:                         |   |  |  |
| Prefix: Mr.  |  |                  | * First Nam                               | e:   | Mark  | ] |  |  |
| Middle Name:   |  |                  |   |      |   | , |  |  |
| * Last Name: Lou Suffix:   | tzenhiser  |                  |   |      |   | ] |  |  |
| Title: Program Co  | oordination Di   | vision           | Manager                                   |      |   |   |  |  |
| Organizational Affiliation:  Sacramento Metropolitan Air Quality Management District |  |                  |   |      |   |   |  |  |
| * Telephone Number: 916-874-4872 Fax Number:   |  |                  |   |      |   |   |  |  |
| * Email: mloutzer  | hiser@airqual  | ity.or           | 3   |      |   | _ |  |  |

| Application for Federal Assistance SF-424                        |
|--|
| * 9. Type of Applicant 1: Select Applicant Type:                 |
| D: Special District Government                                   |
| Type of Applicant 2: Select Applicant Type:                      |
|  |
| Type of Applicant 3: Select Applicant Type:                      |
|  |
| * Other (specify):   |
|  |
| * 10. Name of Federal Agency:                                    |
| Environmental Protection Agency                                  |
| 11. Catalog of Federal Domestic Assistance Number:               |
| 66.956   |
| CFDA Title:  |
| Targeted Airshed Grant Program                                   |
| * 12. Funding Opportunity Number:                                |
| EPA-OAR-OAQPS-21-03  |
| * Title:   |
| 2021 Targeted Airshed Grant Program                              |
|  |
|  |
|  |
| 13. Competition Identification Number:                           |
|  |
| Title:   |
|  |
|  |
|  |
| 14. Areas Affected by Project (Cities, Counties, States, etc.):  |
| Add Attachment Delete Attachment View Attachment                 |
|  |
| * 15. Descriptive Title of Applicant's Project:                  |
| PM 2.5 Community Air Shed Project                                |
|  |
|  |
| Attach supporting documents as specified in agency instructions. |
| Add Attachments Delete Attachments View Attachments              |
|  |

| 16. Congressional Districts Of:  *a. Applicant   S   | Application  | for Federal Assistance SF-424   |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|
| Attach an additional list of Program/Project Congressional Districts if needed.    Add Attachment  | 16. Congression  | onal Districts Of:  |  |  |  |  |  |  |
| Add Attachment   Delete Attachment   View Attachment   | * a. Applicant   | 6 * b. Program/Project 1,3,7  |  |  |  |  |  |  |
| 17. Proposed Project:  | Attach an addition   | onal list of Program/Project Congressional Districts if needed.                                 |  |  |  |  |  |  |
| *a. Start Date: 04/15/2022 *b. End Date: 04/15/2022  18. Estimated Funding (\$):  *a. Federal 7,070.148.00 *b. Applicant 6,533.165.00 *c. State 0.00 *d. Uccal 0.00 *c. Other 0.00 *d. Other 0.00 *d. The Supplication Subject to Review By State Under Executive Order 12372 Process?  *a. This application was made available to the State under the Executive Order 12372 Process for review on  *b. Program is subject to E.O. 12372 but has not been selected by the State for review.  •c. Program is not covered by E.O. 12372.  *20. Is the Application and attach  *If 'Yes', provide explanation and assurances. or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  *Authorized Representative:  *The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  *Authorized Representative:  *The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  *Authorized Representative:  *Title: District: Controller  *The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  *Authorized Representative:  *The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  *Authorized Representative:  *The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  *Authorized Representative:  *The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement o    |  | Add Attachment Delete Attachment View Attachment  |  |  |  |  |  |  |
| 18. Estimated Funding (S):  *a. Federal 7.070.148.00  *b. Applicant 6.533,165.00  *c. State 0.000  *d. Local 0.000  *f. Program Income 0.000  *g. TOTAL 13,603,313.00  *19. Is Application Subject to Review By State Under Executive Order 12372 Process?  a. This application Subject to E.O. 12372 but has not been selected by the State for review on  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E.O. 12372.  *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)  Yes No  If "Yes", provide explanation and attach  L1. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements been are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)  Authorized Representative:  Prefix   | 17. Proposed I   | Project:  |  |  |  |  |  |  |
| *a. Federal 7,070,148.00 *b. Applicant 6,533,165.00 *c. State 0.00 *d. Local 0.00 *f. Other 0.00 *g. Other 0.00 *g. This application Subject to Review By State Under Executive Order 12372 Process?  a. This application Subject to Review By State Under Executive Order 12372 Process for review on  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E.O. 12372.  *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)  Yes No  If "Yes", provide explanation and attach  Late Type Signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept na ward. I am aware that any false, Editious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  " *I AGREE*  **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  **Authorized Representative:  Prefix: Ma. *First Name: Patricia  Middle Name:  *Last Name: Repner  **Lest Name: Repner  **Lest      | * a. Start Date:   | 04/15/2022 * b. End Date: 04/15/2027  |  |  |  |  |  |  |
| **D. Applicant  **C. State  **C. State  **O.00  **d. Local  **O.00  **d. Ucal  **O.00  **d. Ucal  **O.00  **O. Other  **O.00  **O. Other  **O.000  **J. Program income  **O.000  **J. Program is subject to Review By State Under Executive Order 12372 Process for review on  **O. D. Program is subject to E.O. 12372 but has not been selected by the State for review.  **O. Program is not covered by E.O. 12372.  **O. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)  **Yes  **No  If "Yes, provide explanation and attach  **I" Yes, provide explanation and attach  **I" Yes, provide explanation and attach  **I" Add Attachment  **Delete Attachment  **View At | 18. Estimated  | Funding (\$):   |  |  |  |  |  |  |
| *C. State    C. State  | * a. Federal   | 7,070,148.00  |  |  |  |  |  |  |
| *d. Local  | * b. Applicant   | 6,533,165.00  |  |  |  |  |  |  |
| *e. Other  | * c. State   | 0.00  |  |  |  |  |  |  |
| *19. Is Application Subject to Review By State Under Executive Order 12372 Process?  a. This application was made available to the State under the Executive Order 12372 Process for review on  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E.O. 12372.  *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)  Yes  No  If "Yes', provide explanation and attach  Location of the statements contained in the list of certifications" and (2) that the statements berein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  **I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  Authorized Representative:  Prefix:  Ms.  **First Name:    Patricia  | * d. Local   | 0.00  |  |  |  |  |  |  |
| *g. TOTAL 13,603,313.00  *19. Is Application Subject to Review By State Under Executive Order 12372 Process?  a. This application was made available to the State under the Executive Order 12372 Process for review on  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E.O. 12372.  *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)  Yes No  If "Yes", provide explanation and attach  21. "By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  Authorized Representative:  Prefix:  Middle Name:  *Last Name:    District Controller   | * e. Other   | 0.00  |  |  |  |  |  |  |
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| Yes   No   If "Yes", provide explanation and attach  | c. Program   | n is not covered by E.O. 12372.   |  |  |  |  |  |  |
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| Prefix: Ms. *First Name: Patricia  Middle Name:  *Last Name: Kepner  Suffix:   *Title: District Controller  *Telephone Number: 916-874-4823 Fax Number:   *Email: pkepner@airquality.org   | herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  ** I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency |   |  |  |  |  |  |  |
| Middle Name:  * Last Name: Kepner  Suffix:  * Title: District Controller  * Telephone Number: 916-874-4823 Fax Number:  * Email: pkepner@airquality.org  | Authorized Re  | presentative:   |  |  |  |  |  |  |
| * Last Name: Kepner Suffix:  * Title: District Controller  * Telephone Number: 916-874-4823  * Email: pkepner@airquality.org   | Prefix:  | Ms. * First Name: Patricia  |  |  |  |  |  |  |
| Suffix:  * Title: District Controller  * Telephone Number: 916-874-4823 Fax Number:  * Email: pkepner@airquality.org   | Middle Name:   |   |  |  |  |  |  |  |
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| *Email: pkepner@airquality.org   | * Title: Di  | strict Controller   |  |  |  |  |  |  |
|  | * Telephone Nu   | mber: 916-874-4823 Fax Number:  |  |  |  |  |  |  |
| * Signature of Authorized Representative: Ahmed Ali * Date Signed: 06/24/2021  | * Email: pkepr   | ner@airquality.org  |  |  |  |  |  |  |
|  | * Signature of A   | uthorized Representative:  Ahmed Ali  * Date Signed: 06/24/2021                                 |  |  |  |  |  |  |